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Agenda item 125

United Nations pension system

Report of the Fifth Committee

Rapporteur: Mr. Eduardo Manuel da Fonseca Fernandes **Ramos** (Portugal)

I. Introduction

1. At its 9th plenary meeting, on 11 September 2000, the General Assembly, on the recommendation of the General Committee, decided to include in the agenda of its fifty-fifth session the item entitled "United Nations pension system" and to allocate it to the Fifth Committee.

2. The Fifth Committee considered the item at its 26th to 29th and 41st meetings, on 10, 13, 16 and 17 November and 18 December 2000. Comments and observations made in the course of the Committee's consideration of the item are reflected in the relevant summary records (A/C.5/55/SR.26-29 and 41).

3. For its consideration of the item, the Committee had before it the following documents:

(a) Report of the United Nations Joint Staff Pension Board;[1]

(b) Report of the Advisory Committee on Administrative and Budgetary Questions (A/55/481);

(c) Report of the Secretary-General on the investments of the United Nations Joint Staff Pension Fund (A/C.5/55/3).

4. At the 26th meeting, on 10 November, the Chairman of the United Nations Joint Staff Pension Board introduced the report of the Board, and the Under-Secretary-General for Management introduced the report of the Secretary-General on the investments of the Fund (see A/C.5/55/SR.26).

[1] *Official Records of the General Assembly, Fifty-fifth Session, Supplement No. 9* (A/55/9).

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II. Consideration of draft resolution A/C.5/55/L.14

5. At the 41st meeting, on 18 December, the representative of Côte d'Ivoire, coordinator of the informal consultations on the item, introduced on behalf of the Chairman, a draft resolution entitled "United Nations pension system" (A/C.5/55/L.14).

6. At the same meeting, the Committee adopted draft resolution A/C.5/55/L.14 without a vote (see para. 7).

III. Recommendation of the Fifth Committee

7. The Fifth Committee recommends to the General Assembly the adoption of the following draft resolution:

United Nations pension system

The General Assembly,

Recalling its resolutions 51/217 of 18 December 1996, 53/210 of 18 December 1998 and section V of its resolution 54/251 of 23 December 1999,

Having considered the report of the United Nations Joint Staff Pension Board for 2000 to the General Assembly and to the member organizations of the United Nations Joint Staff Pension Fund,[2] the report of the Secretary-General on the investments of the Fund[3] and the related report of the Advisory Committee on Administrative and Budgetary Questions,[4]

I
Actuarial matters

Recalling section I of its resolution 53/210,

Having considered the results of the valuation of the United Nations Joint Staff Pension Fund as at 31 December 1999 and the observations thereon of the Consulting Actuary of the Fund, the Committee of Actuaries and the United Nations Joint Staff Pension Board,

1. *Takes note with satisfaction* of the improvement in the actuarial situation of the United Nations Joint Staff Pension Fund, from an actuarial surplus of 0.36 per cent of pensionable remuneration as at 31 December 1997 to an actuarial surplus of 4.25 per cent of pensionable remuneration as at 31 December 1999, and, in particular, of the opinions provided by the Consulting Actuary and the Committee of Actuaries, as reproduced in annexes IV and V, respectively, to the report of the United Nations Joint Staff Pension Board;[2]

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[2] *Official Records of the General Assembly, Fifty-fifth Session, Supplement No. 9* (A/55/9).
[3] A/C.5/55/3.
[4] A/55/481.

2. *Takes note also* of the decision of the Board, in accordance with article 11 (a) of the Regulations of the United Nations Joint Staff Pension Fund, to lower the interest rate used to determine lump-sum commutations, from the current 6.5 per cent to 6 per cent, with respect to contributory service performed as from 1 January 2001;

3. *Takes note further* that the Board has established a working group to undertake a fundamental review of the benefit provisions of the Fund, taking into account developments in staffing and remuneration policies in the member organizations and in pension arrangements at the national and international levels, and to make proposals to the Standing Committee in 2001 and subsequently to the Board in 2002, on the future long-term needs of the Fund and its constituent groups, for eventual submission by the Board to the General Assembly at its fifty-seventh session;

4. *Takes note* of the observations of the Advisory Committee on Administrative and Budgetary Questions contained in paragraph 8 of its report;[4]

5. *Concurs* with the Transfer Agreement with the World Trade Organization, approved by the Board under article 13 of the Regulations of the Fund, with a view to securing continuity of pensions rights between the Fund and the World Trade Organization, as set out in annex VII of the report of the Board;[2]

6. *Takes note* of the intention of the Board and the International Bank for Reconstruction and Development to pursue a new transfer agreement in the light of the changes made in the pension plan of the Bank, and of the interim procedures that will be followed until a new agreement is concluded;

II
Pension adjustment system

Recalling section II of its resolution 53/210,

Having considered the reviews carried out by the United Nations Joint Staff Pension Board, as set out in paragraphs 186 to 200 of its report,[2] of various aspects of the pension adjustment system,

1. *Takes note* of the results of the monitoring of the cost/savings of recent modifications of the two-track feature of the pension adjustment system, and of the intention of the Board to continue to monitor those costs/savings every two years, on the occasion of the actuarial valuations of the Fund;

2. *Approves* changes in the pension adjustment system, as set out in annex I to the present resolution:

(a) To lower the threshold for implementing cost-of-living adjustments of pensions in award from 3 per cent to 2 per cent, with effect from the adjustment due on 1 April 2001;

(b) To modify, provisionally, paragraphs 4 and 5 of the provisions of the pension adjustment system, in order to implement Judgement 942 of the United Nations Administrative Tribunal, as described in section X, paragraphs 263 to 272, of the report of the Board,[2] pending possible future proposals made by the Board to

the General Assembly for changes in the pension adjustment system as regards adjustments of deferred retirement benefits;

III
Financial statements of the United Nations Joint Staff Pension Fund and report of the Board of Auditors

Having considered the financial statements of the United Nations Joint Staff Pension Fund for the biennium ended 31 December 1999, the audit opinion and report of the Board of Auditors thereon, the information provided on the internal audits of the Fund and the observations of the United Nations Joint Staff Pension Board,[2]

1. *Takes note with satisfaction* that the report of the Board of Auditors on the accounts of the Fund for the biennium ended 31 December 1999 had indicated that the financial statements presented fairly, in all respects, the financial position of the Fund, and that the transactions tested as part of the audit had, in all significant respects, been in accordance with the Financial Regulations and legislative authority;

2. *Takes note also* of the observations of the Advisory Committee on Administrative and Budgetary Questions contained in paragraph 13 of its report;[4]

IV
Longer-term administrative arrangements of the United Nations Joint Staff Pension Fund

Recalling section VII of its resolution 51/217, section V of its resolution 52/222, section V of its resolution 53/210 and section V of its resolution 54/251 concerning the administrative arrangements and expenses of the United Nations Joint Staff Pension Fund,

Having considered section VI of the report of the United Nations Joint Staff Pension Board,[2] on the longer-term administrative arrangements of the Fund,

1. *Takes note* of the information set out in paragraphs 117 to 154 of the report of the Board,[2] on the strategic plan for the operations of the Fund, which addresses computer systems, process re-engineering and technological improvements, the progress report on the enhancement of the role of the Geneva Office of the Fund, the delegation of personnel and procurement decisions to the Fund, and office space needs;

2. *Welcomes* the efforts under way to effect improvements in the administrative operations of the Fund through greater use of the latest developments in information technology, including electronic exchanges of information between the Fund and its member organizations, as well as with participants and beneficiaries of the Fund, using Internet/Intranet web sites;

3. *Requests* the Standing Committee, in submitting the budget proposals for the biennium 2002-2003 and, if necessary, revised estimates for the current biennium, to provide detailed information on the costs and benefits related to Phase

One and Phase Two of the project, including timetables and the prioritizing of the various initiatives;

V
Entitlement to survivors' benefits for spouses and former spouses

Recalling section VIII, paragraph 4, of its resolution 51/217 and section VIII of its resolution 53/210,

Having considered the further review undertaken by the United Nations Joint Staff Pension Board of issues related to the pension entitlements of spouses and former spouses, as set out in paragraphs 155 to 185 of its report,[2]

1. *Approves* the amendment to article 35 bis of the Regulations of the Fund, as set out in annex II of the present resolution, which would extend the provision for a divorced surviving spouse's benefit, to divorced spouses of former participants who separated before 1 April 1999 and who meet all the other eligibility conditions in subparagraph (b) of article 35 bis;

2. *Approves also* the amendment to article 34, as set out in annex II to the present resolution, which would restore the surviving spouse's benefit that had been eliminated for those who had remarried prior to 1 April 1999, subject to recovery (with interest) of the lump-sum payment made at the time of remarriage;

3. *Approves further* an amendment to article 45, as set out in annex II to the present resolution, which would modify the payment facility approved in resolution 53/210 along the lines set out in paragraphs 172 to 177 of the report of the Board;[2]

4. *Approves*, with effect from 1 April 2001, the amendment to article 34 (b), as set out in annex II of the present resolution, which would eliminate the partial commutation option for participants electing to receive a deferred retirement benefit for the reasons set out in paragraphs 178 to 183 of the report of the Board;[2]

5. *Takes note* of the responses to the arrangements approved in resolution 53/210 for the optional purchase of surviving spouses' benefits, on cost-neutral terms, in respect of marriage after separation from service;

6. *Requests* the Board to continue to monitor the experience with these issues and to report thereon to the General Assembly at its fifty-seventh session;

7. *Requests* the Board to replace the study of benefits for domestic partnerships, as referred to in paragraphs 184 and 185 of its report,[2] with a study on the existing rules and practices governing entitlements to survivors' pension benefits in international organizations, and to report thereon to the General Assembly at its fifty-seventh session;

VI
Status of the proposed agreement between the United Nations Joint Staff Pension Board and the Government of the Russian Federation

Recalling section IV of its resolution 51/217 and section III of its resolution 53/210,

Noting the information provided by the Board in paragraphs 201 to 232 of its report[2] and the additional information contained in official communications from the Government of the Russian Federation to the Chief Executive Officer of the Fund after the fiftieth session of the Board,

1. *Takes note* of the information provided by the Government of the Russian Federation on internal solutions being prepared with a view to address the concerns of Russian former participants of the Fund;

2. *Appreciates* the efforts of the Board in addressing this issue;

VII
Other matters

1. *Takes note* of the observations of the United Nations Joint Staff Pension Board, as set out in paragraphs 233 to 240 of its report,[2] on the review and conclusions reached by the International Civil Service Commission on the changes in average tax rates at the seven headquarters duty stations which formed the basis for the development of the current common scale of staff assessment for pensionable remuneration;

2. *Takes note also* of the review of the size and composition of the Board and the Standing Committee and, in particular, the provisional allocation of the seat vacated by the former Interim Commission for the International Trade Organization effected upon the termination of its membership in the Fund as at 31 December 1998, as described in paragraphs 241 to 252 of the report of the Board;[2]

3. *Notes* that a further review of the size and composition of the Board and the Standing Committee will be undertaken in the first instance by the Standing Committee in 2001 and subsequently by the Board in 2002, addressing the issues set out in paragraph 252 of the report of the Board;[2]

4. *Approves*, with effect from 1 January 2001, an amendment to article 6 of the Regulations of the Fund, as set out in annex II to the present resolution, which would set the terms of office for the elected members and alternate members of the United Nations Staff Pension Committee at four years, instead of the current three years;

5. *Approves*, with effect from 1 January 2001, an amendment to article 14 of the Regulations of the Fund, as set out in annex II to the present resolution, which would set the frequency for audits of the operations of the Fund to be annually and for audit reports on the accounts of the Fund by the Board of Auditors to be submitted to the General Assembly every two years, instead of annually;

6. *Approves*, with effect from 1 January 2001, an amendment to article 43 of the Regulations, as set out in annex II to the present resolution, which would provide for the recovery of indebtedness to the Fund pursuant to observations made by the Board of Auditors and to the comments thereon by the Board, for the reasons given in paragraphs 257 to 262 of the report of the Board;[2]

7. *Takes note* of the consequent amendment that would be made to Administrative Rule J.9 (a), as set out in paragraph 261 of the report of the Board;[2]

VIII
Investments of the United Nations Joint Staff Pension Fund

1. *Takes note* of the report of the Secretary-General on the investments of the United Nations Joint Staff Pension Fund, as well as the observations of the United Nations Joint Staff Pension Board thereon in its report;[2]

2. *Expresses its appreciation* to the Secretary-General and to the members of the Investments Committee for the investment performances of the Fund, which contributed significantly to the actuarial surplus of the Fund as at 31 December 1999;

3. *Requests* the Secretary-General to continue to explore investment possibilities by the Fund in the developing countries, taking into consideration General Assembly resolution 36/119 of 10 December 1981, and to report thereon to the General Assembly at its fifty-seventh session;

4. *Takes note also* of the observations of the Board of Auditors on the outstanding tax refunds due to the Fund from some Member States in respect of direct taxes imposed on the investment income of the Fund, as set out in paragraphs 20 to 24 of its report, which is reproduced in annex III to the report of the Board;[2]

5. *Urges once again* those Member States which have outstanding balances on foreign tax accounts receivable to provide the reimbursement due;

6. *Reiterates* its request to those Member States which do not grant tax exemptions to make all possible efforts to do so as soon as possible.

Annex I
Changes in the pension adjustment system of the United Nations Joint Staff Pension Fund

1. In paragraph 4, after the words "Except as otherwise noted" at the beginning of the first sentence, add the following phrase within parentheses: "(e.g. in paragraphs 5 (d), 10 and 27 with regard to deferred retirement benefits)."

2. In paragraph 5, add the following new subparagraph (d):

"(d) The cost-of-living differential factor in subparagraph 5 (b) (i) above shall not apply to deferred retirement benefits."

3. In paragraph 18, replace the words "3 per cent" with the words "2 per cent."

Annex II
Amendments to the Regulations of the United Nations Joint Staff Pension Fund

Article 6
Staff Pension Committees

In paragraph (b), replace the words "three years" with the words "four years."

Article 14
Annual report and audit

Replace paragraph (b), with the following:

"(b) There shall be annual audits of the operations of the Fund, in a manner agreed between the United Nations Board of Auditors and the Board. An audit report on the accounts of the Fund shall be made every two years by the United Nations Board of Auditors; a copy of the audit report shall be included in the report under (a) above."

Article 30
Deferred retirement benefit

Replace paragraph (c) with the following:

"(c) The benefit may be commuted by the participant into a lump sum if the rate of the benefit at the normal retirement age is less than 300 dollars. Such commutation shall be equivalent to the full actuarial value of the benefit."

Article 34
Widow's benefit

1. In paragraph (b), delete the following phrase at the end of the paragraph:

", or had commuted a deferred retirement benefit under article 30 (c)."

2. Add the following new paragraph (h):

"(h) Notwithstanding the provisions of (a) and (f) above, with respect to a surviving spouse who had remarried prior to 1 April 1999 the benefit under (a) above shall be payable as from 1 January 2001, subject to recovery (with interest) of the lump sum payment that had been made to that surviving spouse upon remarriage, as provided in the Regulations then in effect."

Article 35 bis
Divorced surviving spouse's benefit

Add the following new paragraph (e):

"(e) The divorced spouse of a former participant who separated before 1 April 1999 and, in the opinion of the Chief Executive Officer of the Fund, met all the other eligibility conditions in paragraphs (a) and (b) of this article shall be entitled as from 1 April 1999 to a benefit equal to twice the minimum surviving spouse's benefit under article 34 (c), subject to the proviso that the amount of such benefit cannot exceed the amount payable to a surviving spouse of the former participant."

Article 43
Recovery of indebtedness to the Fund

Add the following phrase at the end of the article:

", including interest and costs, where appropriate."

Article 45
Non-assignability of rights

Replace the text of article 45 with the following:

"(a) A participant or beneficiary may not assign his or her rights under these Regulations. Notwithstanding the foregoing, the Fund may, to satisfy a legal obligation on the part of a participant or former participant arising from a marital or parental relationship and evidenced by an order of a court or by a settlement agreement incorporated into a divorce or other court order, remit a portion of a benefit payable by the Fund to such participant for life to one or more former spouses and/or a current spouse from whom the participant or former participant is living apart. Such payment shall not convey to any person a benefit entitlement from the Fund or (except as provided herein) provide any rights under the Regulations of the Fund to such person or increase the total benefits otherwise payable by the Fund.

(b) To be acted upon, the requirement under the court order must be consistent with the Regulations of the Fund, as determined by the Chief Executive Officer of the Fund to be beyond any reasonable doubt, and on the basis of the available evidence. Once implemented, the assignment shall normally be irrevocable; however, a participant or former participant may request, upon satisfactory evidence based on a court order or a provision of a settlement agreement incorporated into a court decree, a new decision by the Chief Executive Officer that would alter or discontinue the payment or payments. Furthermore, such payment or payments shall cease following the death of the participant or former participant. If a designee predeceases the participant or former participant, the payments shall not commence, or if they have commenced, shall cease upon the designee's death. In the event that the payment or payments have been diminished, discontinued, or have failed to commence or have ceased, the amount of the benefit payable to the participant or former participant shall be duly adjusted."

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Security Council

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Agenda item 46
The situation in Afghanistan and its implications for international peace and security

Security Council
Fifty-fifth year

Letter dated 19 December 2000 from the Permanent Representative of Pakistan to the United Nations addressed to the Secretary-General

I have the honour to transmit herewith the text of the statement made by Foreign Minister of Pakistan, His Excellency Mr. Abdul Sattar, with regard to the disastrous humanitarian consequences as a result of the resolution which is likely to be adopted today by the Security Council imposing additional sanctions on Afghanistan.

I should be grateful if this letter and its enclosure are circulated among the members of the Security Council and the General Assembly.

(*Signed*) Shamshad **Ahmad**

00-80632 (E) 191200

Annex to the letter dated 19 December 2000 from the Permanent Representative of Pakistan to the United Nations addressed to the Secretary-General

Statement by the Foreign Minister on Security Council sanctions proposed against Afghanistan

19 December 2000

The humanitarian tragedy in Afghanistan threatens to deepen as a consequence of United Nations sanctions proposed by the United States and the Russian Federation in the Security Council. Millions of innocent Afghans, already stricken by famine conditions owing to prolonged drought, will be exposed to starvation as United Nations aid agencies and non-governmental relief organizations withdraw their personnel from Afghanistan, warning that the sanctions will make their task difficult, if not impossible.

Contrary to the assertions by the sponsors of the draft resolution, impartial aid agencies and relief organizations operating inside Afghanistan are unanimously of the view that the additional sanctions will further aggravate the humanitarian crisis and as many as 1 million people will face the risk of death by starvation during Afghanistan's bitter winter and unprecedented drought conditions.

The incipient collapse of the international safety net in Afghanistan is forcing displacement and migration on innocent people. In 23 days up to 14 December, 32,177 Afghan refugees entered Pakistan. Daily reports point to accelerating influx. Apart from derailing the United Nations-sponsored negotiations between the Afghan parties which have raised hopes of peace, the additional sanctions envisaged in the draft resolution threaten to trigger a humanitarian disaster comparable to that which followed the Soviet intervention in Afghanistan.

The consequences of the ruthless military operations of the Soviet super-Power in Afghanistan between 1979 and 1989, killing 1 million Afghans, forcing 5 million more to flee and devastating the infrastructure of the country, still haunt the Afghan people and affect stability in the region.

Of the 3.5 million Afghan refugees who entered Pakistan in the 1980s, about 2 million are still stranded in Pakistan. No other country in the world carries a heavier burden. With our resources strained, Pakistan cannot cope with the mounting burden.

Unless a major international effort is launched to provide humanitarian assistance to the Afghans, creating a safety net against starvation, the world will be witnessing one of the gravest human tragedies of our times. Those pushing the sanctions that will force millions to emigrate or perish will bear responsibility before history for this avoidable disaster.

While abiding by the earlier Security Council sanctions under resolution 1267 (1999), Pakistan has invited the attention of the international community to the grave consequences for the Afghan people. Our fears have been borne out by the reports of several international humanitarian agencies, which have stated that these sanctions have stifled economic activity inside Afghanistan. New sanctions will compound the misery of the Afghan people.

United Nations A/55/705

General Assembly

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General Assembly
Fifty-fifth session
Agenda items 42 and 179

Special session of the General Assembly in 2001 for follow-up to the World Summit for Children

Review of the problem of human immunodeficiency virus/ acquired immunodeficiency syndrome in all its aspects

Letter dated 18 December 2000 from the Permanent Representative of Japan to the United Nations addressed to the Secretary-General

I have the honour to transmit to you herewith the Chair's summary which was issued at the Okinawa International Conference on Infectious Diseases, held at Okinawa, Japan, on 7 and 8 December 2000.

I would be grateful if you would have this letter and its annex* distributed as a document of the General Assembly, under agenda items 42 and 179.

(*Signed*) Yukio **Satoh**
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of Japan to the United Nations

* The annex is being circulated in the language of submission only (English).

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Annex

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Chair's Summary

Okinawa International Conference on Infectious Diseases

Introduction

1. Infectious Diseases: A Key to Poverty Reduction and Human Security

Good health is the key to prosperity. While better health contributes to poverty reduction, growth and human security, poor health both drives and is driven by poverty. Infectious and parasitic diseases, notably HIV/AIDS, Tuberculosis (TB), and malaria, are now the world's major killers of children and young adults,[1] causing more than 13 million deaths a year. Most of them occur in developing countries, where the least money is spent on health care.

Infectious and parasitic diseases undermine societal structures, health systems and national economies. Calculations remain imprecise, but it is certain that the full economic costs of infectious diseases have been under-estimated. Recent studies suggest that those countries where 10 per cent of the population is affected by HIV/AIDS stand to lose up to one percentage point of GDP per year. Malaria, too, continues to undermine economic performance, diminishing potential growth by up to 1 per cent per year. The economic costs of TB could amount to more than $12 billion per year. Taken together, the costs in terms of human security, economic growth and development are staggering. The case for more rapid, sustained and concerted action is overwhelming.

Two decades of addressing the HIV/AIDS epidemic have demonstrated that the disease cannot be brought under control if we tackle it in conventional public health terms: HIV/AIDS has become a development issue, and, as recognized by the UN Security Council, an issue of human security. It requires action across the whole of society. The response to HIV/AIDS has succeeded in becoming political and social: there are important lessons to be learned from this in addressing TB, malaria and other infectious diseases.

2. Challenges and Opportunities for Global Actions

As stated above, major infectious and parasitic diseases increase poverty and seriously affect development. Health systems in developing countries often lack resources to provide even basic care and hardly reach the most affected individuals. Moreover, vulnerability to infectious diseases is increased by certain personal and social factors, including gender inequality, lack of safe water,

[1] Children and young adults implies ages from 0 to 44 years old. World Health Organization. 1999. *Removing Obstacles to Health Development*

social exclusion, displacement due to war, that are exacerbated by poverty. This situation is often aggravated by the lack of knowledge, skills and resources at the family level necessary for the prevention and care of infectious diseases. Finally, infectious diseases often cross national borders, and the failure of control measures may put global health at risk.

During the past years, significant progress has been made in fighting infectious diseases as a major health challenge against poverty. These initiatives include International Partnership against AIDS in Africa (IPAA), Stop TB Initiative, Roll Back Malaria (RBM), Multilateral Initiative on Malaria (MIM), Global Alliance for Vaccine and Immunization (GAVI) and International AIDS Vaccine Initiative (IAVI).

Here in Okinawa, the G8 leaders agreed to demonstrate their resolution to step up this fight and set out the following three numerical targets for HIV/AIDS, TB and malaria:

- Reduce the number of HIV/AIDS-infected young people by 25 per cent by 2010;
- Reduce TB deaths and prevalence of the disease by 50 per cent by 2010; and
- Reduce the burden of disease associated with malaria by 50 per cent by 2010.

To deliver these targets, the leaders committed themselves to fostering a new and innovative partnership with governments, the World Health Organization (WHO) as well as other international organizations, industry, academic institutions, foundations and other relevant actors in civil society.

Hence we, the stakeholders of this partnership, gathered to shape a concrete action plan to fulfill the leaders' commitment, by defining the operations of this new partnership, the area of priority and the timetable for action.

The challenges identified for the partnership to reach the 2010 targets include:

- **The challenge of finance**: Developing countries cannot reduce the negative social and economic impact of the diseases associated with poverty with current levels of spending. Achieving the targets that have been set will require an intensive effort over many years, and additional funds over and above resources already pledged or obligated. We recognize the responsibility of using existing and additional resources to maximize the impact in the fight against the major infectious diseases.

- **The challenge of scale**: While many effective interventions exist, they are accessible to the few rather than the many. Reaching people that suffer disproportionately from, or that are at greatest risk of, these conditions (particularly women and children) calls for effective action that builds basic health care systems deliverable to all.

- **The challenge of new ways working:** The challenge is not to add yet another new initiative, but to bring together existing endeavors in a more coherent and accelerated way. The approach adopted needs to be based on country leadership. It is increasingly clear that the public sector alone has not responded, and cannot respond, to the challenges outlined in this Summary. Finding ways of tapping the energy, entrepreneurial spirit and innovation of the private and voluntary sectors are critical to success.

- **The challenge of health and development:** We will not succeed in achieving the targets – particularly the HIV/AIDS target – if we fail to act from a broad developmental perspective. Behavioral change needs to be understood in a social, political and economic context. Reducing people's overall vulnerability to infectious disease is as important as reducing the factors – such as unsafe sex – that put them at immediate risk.

Principles for Operation of the New Partnership

The new partnership tackling the major infectious and parasitic diseases mentioned in the Okinawa Summit will facilitate developing global actions for poverty reduction and human security through infectious disease control, and reducing the illness and premature mortality suffered by the poor. This global movement for infectious disease control will encompass actions undertaken by a wide range of organizations and institutions, including governments, bilateral and multilateral donors, industry, academic institutions, NGOs, and other development partners. The partnership will be underpinned by core values, including 1) commitment and ownership, 2) accountability and impact, 3) people centered, and 4) international public goods.

- **Commitment and Ownership:** An international commitment to taking concrete actions and mobilizing resources is required to tackle infectious diseases. Tackling the major infectious diseases requires country level commitment, political leadership and country level and specific processes to define priorities. National governments of developing countries will be the stewards in the fight against infectious diseases, ensuring the development of appropriate policy frameworks to define priorities. Developing countries must support the development of the public health and scientific infrastructure, particularly human resource capacity building, to sustain and expand on the initial investments made by the donor community.

- **Accountability and Impact:** Both the global community and the national governments need to be held accountable to all development partners and their people for their actions in the fight

against infectious diseases. This will be achieved if the success of the partnership is measured by its outcomes.

- **People Centered:** The partnership will depend upon national human resources and experience that are adequately trained, motivated and supported. The partnership must empower poor people and communities to both demand and have greater control for their own health. State and non-state health systems need to become more responsive to the needs of the poor.

- **International Public Goods:** International Public Goods (IPGs) may be defined as development resources capable of generating positive externalities that have a transnational reach.[2] Considering those resources as the means to achieve specific goals, IPGs include information, knowledge and technology such as drugs and vaccines for major infectious diseases. The partnership will work together to deliver these International Public Goods such as vaccines for HIV and malaria and new drugs for infectious diseases. This will require increased incentives to promote research and development in these IPGs and substantive support of capacity building for research and development work in developing countries and regions.

Priorities in Tackling the Major Infectious Diseases

1. The New Partnership

Investing in infectious disease control and research contributes to economic growth through reducing illness itself and premature deaths. Based on this premise, the G8 leaders are committed to meeting three global targets in relation to HIV/AIDS, TB, and malaria. Achieving these goals requires accelerated and concerted efforts of all development partners.

There are already existing global partnerships to fight against major infectious diseases, including International Partnership against AIDS in Africa (IPAA), Stop TB Initiative, Roll Back Malaria, Global Alliance for Vaccine and Immunization (GAVI), Multilateral Initiative on Malaria (MIM) and International AIDS Vaccine Initiative (IAVI). Many of us are involved in some or most of these initiatives. On the other hand, both bilateral and multilateral donors, NGOs, civil societies, and the private sector, embracing the same overall goals but taking varied approaches, have also been fighting infectious diseases on their own or in conjunction with some development partners. To

[2] Marco Ferroni. 2000. *Reforming Foreign Aid: The Role of International Public Goods.* OED Working paper Series No.4. World Bank.

optimize the impact of those efforts, we must develop dynamic mechanisms that enable a wide range of partnerships to effectively function at country, regional, and global levels.

(1) At Country Level

Partnership at the country level provides mechanisms for all relevant parties to come together, in principle under the leadership of the concerned government, to support national strategies against infectious diseases, in the context of poverty reduction strategies and through health systems development. Such partnerships can improve communication among all stakeholders, channel and mobilize resources, stimulate demand, ensure access to goods and services for every intended destination, and strengthen local research infrastructures.

To achieve sustainable improvements in the health outcomes of the poor, it is essential that national poverty reduction strategies and health sector programs incorporate infectious disease control measures that are tailored to specific country contexts. There are a number of mechanisms that are important in this regard, including the country-driven Poverty Reduction Strategy Papers (PRSPs) and Sector-Wide Approaches (SWAPs) to health sector development. We recognize the importance of these types of mechanisms to ensure developing country ownership. Through broad-based efforts, governments and donors can share information and objectives and coordinate action as appropriate towards a set of shared objectives that are fully owned by all development partners.

The ownership and commitment of a concerned government are the keys in the fight against infectious diseases. In those countries where development partners are already working within a government-led health policy, we will support the existing development processes. In order to increase the ownership of partner developing countries, we recognize the importance of supporting capacity building of governments through human resource development and institutional building. In those countries where the government devotes insufficient resources to addressing health sector problems, the partnership at the country level works on mobilizing political will through dialogue, to ensure the government takes effective infectious disease control measures.

Effective and equitable health systems are essential. Capacity-building at all levels will be required to ensure overall government stewardship, to promote fair financing and to increase the responsiveness of health systems to the needs of poor people. A key issue in relation to infectious diseases, however, is to stimulate demand for, and promote equitable services on a massive scale, while at the same time ensuring that poor people have better access to affordable services, commodities, and the information they need to improve the effectiveness of health interventions. This will demand appropriate attention to the response of communities.

Without the full and equal participation of the community, it will be impossible to develop and support preventive actions and provide sufficient care to those infected and affected by infectious diseases. In this respect, mobilizing existing resources within local communities deserves careful attention. Also, from the viewpoint of over all development, it is necessary to incorporate infectious disease control in holistic community development programs. At this point, the importance of improving public health and health systems at the community level, universal distribution of basic education, securing safe water, and gender equality in addressing the challenges of infectious diseases cannot be overemphasized. Furthermore, cultural, economic, and social environment should be taken into account in fight against infectious diseases.

NGOs, through their grass-root experiences, often have intimate knowledge of the countries concerned and know-how to directly assist the most seriously affected individuals, families and communities, whom public service often fails to reach, in planning and implementing community-based prevention and care activities. We encourage dialogue between NGOs and the public sector in the context of the dynamic mechanisms of the partnership at the country level so that they complement one another and make the most of each other's comparative advantages in tackling challenges of infectious diseases. Strengthened partnership among NGOs themselves is also encouraged, and we will focus on collaborating efforts between local and international NGOs to address the challenge of infectious diseases. Moreover, recognizing the importance of the roles that local NGOs play in the field of infectious disease control, we encourage donors to further support those local NGOs.

The growing importance of public-private partnership is evident at the country level. Local private sector involvement complements public sector efforts in improving access to and affordability of health goods and services.

(2) At Regional Level

Regional partnership is intended to share resources within a region, including human resources, technology and knowledge, and to address cross-border issues that require regional responses. Such partnership functions through mechanisms that promote improved surveillance systems, regular stock-taking and monitoring performance at the regional level. The G8 members will take part in regional reviews through already established fora such as African Development Forum, ASEAN, SAARC, and SADC, on a regular basis in relation to the above functions.

"South-South" Cooperation is integral to the response to the infectious diseases and is at the root of

good partnership and effective collaboration. When international partnership is mobilized in the form of South- South cooperation, the reward could be enormous and highly cost-effective. It can be used in planning, mobilization, partnership building and capacity building. This potential has not been fully tapped, however. South-South cooperation must be encouraged to share experiences and best practices among developing countries within a region. In addition, greater efforts need to be made to establish effective information systems, or "clearinghouses," that accumulate and distribute such information. Inter-country networking has proven very effective in developing appropriate operational strategies, strengthening technical capacities and monitoring progress for HIV/AIDS and malaria control in the Mekong region. Countries are encouraged to make use of the Internet and other electronic resources to share epidemiological data and research results.

(3) At Global Level

At the global level, there is a need for effective partnership mechanisms to achieve the objectives, including improving access to goods and services at the country level; increasing cooperation between developed and developing country research institutions, industry, and academia for the development of new infectious diseases prevention and treatment strategies; improving the affordability of essential drugs; increasing training of in-country personnel in laboratory and research techniques; and mobilizing international commitment.

In particular, inadequate access to affordable health commodities and drugs is a major problem in developing countries, especially among the poor. Improving the access and affordability requires global responses, especially to ensure that local health infrastructures and systems are improved so that commodities and drugs not only reach those who need them, but are used safely and effectively. Other issues that must be addressed include the cost of drugs, tariffs, taxation, distribution, and marketing. There is also an urgent need for innovative mechanisms that enhance the global partnership between the public and private sectors to address this challenge. We applaud recent announcements by countries and pharmaceutical companies to make more affordable those drugs and treatments necessary to treat HIV/AIDS and other diseases. Such partnerships should seek to expand their practices of making necessary drugs affordable to the poorest countries, and all partners should evaluate innovative new solutions to increase access to affordable drugs and commodities.

We are encouraged to participate in ongoing international partnerships such as UNAIDS, IPAA, STOP TB Initiative, RBM, MIM, GAVI, IAVI, and to use these fora as opportunities to share information, review ongoing initiatives, and identify unmet needs. At the Cologne Summit last year, the G8, expressing its concern over the spread of HIV/AIDS and other infectious and parasitic diseases, agreed to providing continuous support to those global initiatives led by UN agencies in the

fight against infectious diseases. Recently, the UN General Assembly has Decided to convene HIV/AIDS special session from 25 to 27 June 2001to address the challenge of, and secure a global commitment to combat the epidemic.

To combat the global challenge of infectious diseases, it is essential to collaborate with international organizations through effective global partnership mechanisms. Those international organizations, including UN agencies and Multilateral Development Banks (MDBs), working closely with other development partners, are expected to contribute to monitoring and evaluation at the global level, as well as to collecting, accumulating, analyzing and disseminating best practices world-wide.

The World Bank and the Regional Development Banks also play major roles in partnerships at regional and global levels. We call on them to expand their assistance in infectious disease control with other development partners through lending and policy dialogue at the country level. We also welcome their innovative initiatives and approaches for targeting resources toward regional and global public goods. We encourage the MDBs to support the development of in-country laboratory capabilities, training and research, in order to ensure a long-term commitment to disease control and prevention.

2. Improvement of Availability of International Public Goods

(1) Research and Development of International Public Goods

Basic research on infectious diseases provides the foundation on which diagnostics, vaccines, biomedical and behavioral preventive interventions, and therapeutics may be developed. Important international public goods in the fight against infectious diseases include the development and use of vaccines and drugs, appropriate methods of treatment, and health commodities necessary for controlling these diseases such as male and female condoms, testing kits, and microbicides. Further research is necessary to develop cost-effective and socially acceptable methods for detecting and preventing the spread of infectious diseases. Additional needs include research to identify sustainable approaches to managing infected patients and operational research to determine how best to implement newly identified interventions.

In order to increase the availability and affordability of these international public goods for all affected people, stronger partnership at the global level to support research and development of these international public goods is urgently needed. The private sector has an enormous capability for the research and development of international public goods, and should be encouraged to use this

potential further through cooperative initiatives with the public sector. Exemplifying such public-private initiatives are the International AIDS Vaccine Initiative (IAVI) and GAVI.

The private sector has difficulties in obtaining financing or justifying investment in the research and development of global public goods that do not have an assured market and lack protection. Uncertainties in marketing the developed products are another deterrent. Most demand for international public goods arises in developing countries, where the market size is not large enough to motivate the private sector to increase their investment for the research and development.

We are committed to increasing our support at the global level for the research and development of the international public goods such as AIDS vaccines; treatment drugs of AIDS, TB and malaria; microbicides; and other health commodities. Measures include the creation of enabling circumstances, such as tax credits, purchase funds and other creative means to promote the investment in, and financing of, such research and development by private industry. Furthermore, the G8 and MDBs could consider providing financial and other incentives.

Additionally, cooperation between the public and private sectors in research on marketing the international public goods should be advanced. Initiatives to accommodate bulk procurements for these goods are cited as one of the measures.

(2) Information and Knowledge as International Public Goods

The nature of infectious diseases crossing over national boundaries requires countries to cooperate in monitoring and detecting the spread of disease, and to share epidemiological data. Research efforts to understand the underlying ecological and biological mechanisms that lead to the emergence and transmission of infectious diseases are also needed. Such information is one of the international public goods. Efforts to raise the accuracy of information and achieve the appropriate timing for collecting and sharing information are necessary. We support the cooperation among concerned research funders and bilateral and multilateral donors, as a means of strengthening existing international surveillance systems.

Governments, donors, NGOs, and academic and private sectors have experienced success in their pilot behavioral interventions and mobilization of societies against infectious diseases. The factors for such success, however, have yet to be thoroughly analyzed, and the lessons extracted from the analysis that has been done have not been fully disseminated, either. We promote research about innovative approaches and best practices and support establishing the function of clearinghouses of information on these approaches and practices.

Continuation of Support for Other Health Priorities

While there is a growing concern over the three major infectious diseases, HIV/AIDS, TB, and malaria, as key health challenges, it is also important to recognize that other health conditions, notably childhood infectious diseases such as pneumonia, diarrhea and measles, are often cited as health priorities among the poorest populations. At the Okinawa Summit, the G8 leaders acknowledged that, together with the international community, they have successfully arrived at the final stage of polio and guinea worm eradication and have begun to control onchoserciasis. Remarkable progress has been made in the fight against polio and some areas of parasitic diseases in the past decades. In the meantime, continuous efforts have yet to be made in those areas as health priorities.

Polio is now endemic only in parts of sub-Saharan Africa and the Indian sub-continent. The global target was set to certify the world as polio-free by 2005. Accelerated efforts are needed for the final battle to wipe out polio. It is estimated that the total external financial support needed through 2005 is US $1 billion.

The accelerated efforts to wipe out polio focus more on geographical priority areas. They include the countries and areas affected by conflict where eradication activities started relatively late, and those with large and dense populations and intense virus transmission. In addition, the growing importance of extending polio control measures to reach the remotest areas in the endemic countries is recognized.

Notably, schistosomiasis and soil-transmitted helminths represent more than 55 percent of the disease burden due to tropical diseases, excluding malaria. Most morbidity is seen in children, ranging from malnutrition, anemia, growth retardation, and cognitive impairment. Moreover, schistosomiasis and soil-transmitted helminth infections are more prevalent among the poorest populations in the least-developed countries. Towards this effect, it is necessary to scale up the control measures for reducing the impact of schistosomiasis and soil-transmitted helminth infections. We recognize the importance on the four strategies in fighting against parasitic diseases that were identified in the recommendation to the Birmingham Summit (Hashimoto Initiative).

School health programs have been recognized as important efforts to fight against health challenges in developing countries. These programs can simultaneously contribute to reducing common health problems including the above parasitic diseases, increasing the efficiency of the education system

and advancing public health development.[3]

Confronting Three Major Infectious and Parasitic Diseases: Commitment in Okinawa

1. HIV/AIDS

(1) Current Situation

- Over 36 million people are living with HIV/AIDS in the year 2000 – over 50 per cent more than projections made in 1991 on the basis of data then available.
- The number of newly infected people in the year 2000 is estimated at 5.3 million; over 20 million people have died from AIDS since the start of the epidemic.
- 95 per cent of all HIV infections are in developing countries, causing a dramatic reduction in growth and having a severe impact on the most vulnerable groups, including the poor, children and women.
- So far, the AIDS epidemic has claimed the lives of 4.3 million children. Another 1.4 million children are living with AIDS today. Worldwide, one in ten of those newly infected in 2000 was a child.
- There have been over 13 million children orphaned because of AIDS, most of them in Sub-Saharan Africa.
- Sub-Saharan Africa is the worst affected continent. There, more than 25 million people are now living with HIV/AIDS, with 3.8 million new infections in 2000.
- In China and India, which account for around 36 per cent of the world's population, even the low HIV prevalence rate means that a huge number of people are living with the virus.
- HIV/AIDS is having a dramatic effect on economic growth and has reduced life expectancy in some countries. In particular, in most of sub-Sahara African countries, it is significantly undermining the achievement of decades of development efforts. The scale of the HIV/AIDS epidemic is now far greater than a decade ago. It has become a threat to human security.

(2) Future Target

At the Okinawa Summit, G8 members endorsed the global target:

Reduce the number of HIV/AIDS infected young people by 25 per cent by 2010 (UN Secretary General Report to the General Assembly on 27 March 2000).

[3] There is a partnership initiative called the International School Health Initiative (ISHI). ISHI is an action-oriented partnership that focuses specifically on promoting the quality of school health and nutrition programs. Partners include MDBs such as the World Bank, the UN-agencies such as WHO and PAHO, major bilateral agencies such as USAID, and international NGOs such as Save the Children and the Partnership for Child Development (PCD), the leading technical NGO working in this area (which is partially-financed by the World Bank).

(3) Priority Areas

There are three core priorities in the fight against HIV/AIDS: (1) preventing the spread of HIV/AIDS, (2) providing care and support to those infected and affected by HIV/AIDS, and (3) enhancing research and development for international public goods.

a. Preventing the spread of HIV

We should continue to focus on the preventive measures that have proven to be effective. Those include:

- Promotion of healthy and safer sexual behaviors, especially among young people;
- Ready access to the essential commodities for prevention;[4]
- Prevention of mother to child transmission especially in countries and regions where prevalence of HIV infection among pregnant women is high;
- Voluntary counseling and testing;
- Treatment of STI (Sexually Transmitted Infection);
- Control measures for those most at risk for HIV;
- Safe blood transfusion; and
- Prevention of transmission related to substance abuse.

Among the above, increasing emphasis will be placed on the prevention of mother-to-child transmission as part of a comprehensive prevention package. A recent expert meeting at WHO Geneva has confirmed the safety and effectiveness of antiretrovial (ARV) regimens that prevent HIV transmission from mother to child and recommended their use on a large scale. Research is underway on strategies for feeding of infants born to HIV+ mothers.

We believe that those interventions will not be successful unless they are implemented with an understanding of the social and economic factors that determine both behavior and the response to the epidemic. Thus, priority should be given to efforts that address social stigma/disclosure issues, alcohol and drug use, role of the family and non-formal health care, development and testing of educational materials, and social acceptability of interventions, including vaccines, barrier technologies, and voluntary counseling and testing.

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[4] The essential commodities for preventing HIV/AIDS are 1) male and female condoms, 2) testing kits for voluntary counseling and testing, 3) drugs for treating sexually transmitted infections, 4) commodities for strengthening blood banks eg HIV test kits, 5) drugs for preventing mother to child transmission and diagnostic tests. UNAIDS. 2000. *HIV/AIDS commodity security for Sub-Saharan Africa.*

b. Providing care and support to those infected and affected by HIV/AIDS

While prevention must remain a priority, there is a need to plan for and mitigate the impact of the epidemic. Priorities in this area include:

- Strengthened health system to ensure people with HIV/AIDS with access to care and treatment;
- Sustainable supply of essential commodities for care and support[5] including opportunistic infections control caused by HIV infection; and
- Social support for those affected by the disease such as AIDS orphans.

Alleviating the social impact of HIV/AIDS solicits community involvement in social support for those affected by the epidemic.

Increasing attention is placed on the recent initiative for public-private partnership by countries, pharmaceutical companies, and international foundation to make AIDS care and treatment more accessible through a comprehensive care and treatment package. This approach includes the effective and sustainable provision of affordable antiretrovirals, provision of AIDS care and treatment, and human resource development making use of existing health systems in developing countries.

c. Enhancing research and development for international public goods

We encourage the promotion of research and development of international public goods, including, particularly:

- HIV/ADIS preventive vaccines that are safe, effective, affordable, and appropriate for use in resource-poor settings;
- HIV/AIDS prevention products, especially microbicides;
- HIV/AIDS treatment products and regimens appropriate that are safe, effective, and affordable for use in resource-poor settings, especially for the prevention of maternal-infant transmission and the prevention and management of opportunistic infections (e.g., tuberculosis and cryptococcosis); and
- Enhanced epidemiologic research to identify at-risk populations and evaluate the effectiveness of education and prevention programs.

Among the above, we recognize urgent needs for and put the most emphasis on the development of HIV/AIDS vaccines.

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[5] The essential commodities for care and support are 1) basic drugs for palliative care and treatment for pneumonia, diarrhoea, oesophageal thrush, oral thrush, vaginal candidasis and pulmonary tuberculosis, 2) drugs to prevent infection using cotrimoxazole prophylaxis for symptomatic HIV positive people. UNAIDS. 2000. *HIV/AIDS commodity security for Sub-Saharan Africa.*

(4) Time Table for Actions

In June 1999, the ICPD+5 United Nations General Assembly Special Session (UNGASS) set a new internationally agreed target for addressing HIV/AIDS, and governments, UNAIDS and donors have been called upon to take the steps necessary to ensure that, by 2005:

- At least 90 per cent of young men and women aged 15 - 24 have access to information and skills required to reduce their vulnerability to HIV infection;
- HIV incidence in 15 - 24 year-olds is reduced by 25 per cent in the most affected countries.

Source: UNAIDS. 2000. *The International Partnership against AIDS in Africa: A Framework for Action*

2. Tuberculosis

(1) Current Situation

- One third of the global population is infected with TB.
- 8 million people develop active TB every year.
- TB causes nearly 2 million deaths annually.
- Over 90% of cases and deaths are in developing countries.
- 22 countries together account for 80% of global TB burden.
- Economic costs to the poor is estimated to be $12 billion per year.
- A person with TB loses on average 20-30% of annual income.
- HIV and spread of drug resistance threaten TB control. TB is the leading cause of death in people with HIV/AIDS. Multi drug resistant TB is increasing in many countries, due to poor treatment practices.
- TB in children is increasing and poses diagnostic problems especially in the context of high HIV prevalence.
- The proportion of people treated in DOTS[6] programs has increased from 1% in 1991 to 21% in 1998. At this rate the global target to treat 70% of people with infectious TB in DOTS programs will not be reached until 2012.

(2) Future Target

At the Okinawa Summit, G8 members endorsed the global target:

[6] DOTS, the internationally recommended strategy to control TB, is a package to ensure accurate diagnosis and successful treatment of people with TB.

Reduce TB death and prevalence of the disease by 50 per cent by 2010 (WHO Stop TB Initiative).

(3) Priority Areas

The immediate priority is to expand Directly Observed Therapy, Short-course (DOTS) strategy[7] of TB control for a wider population. The expansion of the strategy and its effective use require:

- Government commitment to give high priority to TB control;
- Strengthened health system to ensure every person with TB has access to treatment and cure; and
- Sustainable supply of anti-TB drugs with good quality and improved access to drugs in countries most impacted by the TB epidemic.

As the long-term priority, research should also be encouraged to develop new or improved international public goods, particularly:

- Rapid, inexpensive, diagnostic tests that are sensitive and specific for the diagnosis of Mycobacterium tuberculosis;
- New or improved anti-tuberculosis drugs and/or combination drug regimens that are effective in the treatment of Mycobacterium tuberculosis, especially multi-drug resistant tuberculosis;
- A safe, effective, affordable tuberculosis vaccine; and
- Enhanced epidemiologic research to identify at-risk populations and evaluate the effectiveness of education, treatment, and prevention programs.

(4) Time Table for Actions

Operational Targets:

- 70 per cent of people with infectious TB will be diagnosed, and 85 per cent cured, by the year 2005.

Research and Development Milestones:

- An effective strategy to reduce the impact of HIV-related TB will be developed by 2005.
- An improved test for diagnosis of TB disease will be introduced by 2005.
- An improved TB drug to shorten the course of treatment will be developed by 2010.
- An improved TB vaccine will be introduced by 2020.

For 22 High Burden Countries

- Develop five-year plans by November 2001.

[7] DOTS strategy has five key components: 1) Governments commitment to sustained TB control activities, 2) Case detection by sputum smear microscopy, 3) Standardized treatment regimen of six to eight months, 4) A regular, uninterrupted supply of all essential anti-TB drugs, 5) A standardized recording and reporting system.

- Review programs every 2-3 years.

Based on *Tuberculosis: accelerated action for poverty alleviation, Draft, 19/10/2000* (submitted by WHO for the preparation of the Okinawa International Conference for Infectious Diseases)

3. Malaria

(1) Current Situation

- 40 per cent of the world's population is at risk of malaria.
- From 300 to 500 million people suffer from malaria each year.
- Malaria kills at least 1 million people each year.
- More than 90% of the episodes of clinical illness due to malaria and 90% of the deaths occur in Africa, mainly among young children.
- The number of people dying from malaria has been increasing over the past two decades.
- The deterioration and failure of health systems, growing drug and insecticide resistance, environmental changes and human migration which have led to an increase in epidemics all contribute to the worsening global malaria problem.
- Malaria has slowed economic growth in African countries by 1.3 percent per year; as a result of the compounded effect over 35 years, the GDP for African countries is now up to 32 percent lower than it would have been in the absence of malaria.

(2) Future Target

At the Okinawa Summit, G8 members endorsed the global target:

Reduce the burden of disease associated with malaria by 50 per cent by 2010 (Roll Back Malaria).

(3) Priority Areas

It is recognized that the priorities in malaria control today are:

- Rapid diagnosis and effective treatment both at family and community levels for uncomplicated cases and in public and private health facilities for more serious cases;
- Prevention through use of insecticide-treated bednets;
- Providing malaria prevention and treatment to pregnant women;
- Early detection of malaria outbreaks and effective and prompt response; and
- Development of new or improved methods to control malaria transmission and prevent disease, including drugs, vector control strategies and vaccines. In view of the increasing levels of parasite resistance to antimalarial drugs currently in use, there is an urgent need to optimize the use of existing drugs and to develop new antimalarial compounds.

In addition, we also support the new multi-sectoral approach to fight against malaria, which incorporates viewpoints on malaria prevention in operations of various development programs including infrastructure, agriculture, and education programs.

Research should be encouraged to develop new or improved international public goods, particularly:

- Improved diagnostic tests suitable for use in resource-poor settings;
- New or improved affordable drugs or combination therapies that are safe and effective in the chemoprophylaxis and treatment of malaria, particularly drug-resistant malaria;
- Safe, effective, affordable malaria vaccines to protect against infection (sporozoite, merozoite) and transmission (gametocyte) vaccines against falciparum and vivax malaria;
- Innovative and environmentally safe methods to control mosquito vector populations; and
- Enhanced epidemiologic research to identify epidemics and evaluate the effectiveness of education, treatment, and prevention programs.

(4) Time Table for Actions

In April 2000, Africa's heads-of-state at the Abuja Summit on Roll Back Malaria set new internationally agreed upon targets for addressing malaria in the Africa region. Governments and donors have been called upon to initiate appropriate and sustainable action to strengthen the health system to ensure that by the year 2005:

- At least 60 per cent of those suffering from malaria have prompt access to and are able to use correct, affordable and appropriate antimalarials within 24 hours of the onset of symptoms;
- At least 60 per cent of those at risk benefit from protective measures, such as insecticide treated mosquito nets; and
- At least 60 per cent of all pregnant women who are at risk of malaria have access to presumptive, intermittant treatment.

Other regions of the world affected by malaria hae set similar targets for the prevention and control of malaria.

Agenda for Action: Tackling the Major Infectious Diseases

Working to the timetable requires a result-oriented agenda for actions for G8 members. Without establishing any G8 structures, the G8 commits itself to:

1. **mobilizing additional resources** for tackling infectious diseases commensurate with increases in the capacity and strength of health systems to tackle the major infectious diseases effectively.

2. **improving co-ordination** of the G8 members with governments, the UN, MDBs and other donors and civil society to ensure that international support for tackling infectious diseases unites around country-driven policies and strategies. Our support will build upon and support existing country level development policies, poverty reduction strategies, medium-term expenditure plans and sector programs fostering national government ownership.

3. increasing the **long term security of basic commodities** needed to address major infectious diseases. The partnership will aim to ensure that no country will fail to achieve its objectives of tackling these diseases through a lack of key affordable commodities.

4. ensuring necessary financial and technical support for **building capacity and strengthening national systems** to deliver appropriate interventions. In recognition of the critical role that local communities and civil society must play in slowing down the epidemics of major infectious diseases, we will seek to ensure that capacity building, nationally and locally forms a key part of international development support.

5. increasing incentives for the **development of international public goods** according to the priorities for vaccines, drugs and diagnostics set out in the Chairman's Summary.

6. **challenging the UN system** to increase its support for national capacity building, and to develop within its own membership a shared agenda and well-defined roles and responsibilities for tackling infectious diseases.

7. **reviewing the impact** of the global and national dimensions of this new partnership and progress towards the international targets and targets set by countries. This will not duplicate monitoring towards achievement of the international development targets undertaken by the UN. These reviews will also provide an opportunity to track resource flows from G8-members and the functioning of the partnership that we have proposed. In addition, an early and broad consultations with respective developing country government is necessary for G8 on ways to carry forward this agenda in line with country-driven priorities.

8. **dynamic mechanisms,** as proposed, should bring current international initiatives (Stop TB, RBM ,GAVI etc) into the framework of this partnership with a purpose of working to achieve a common infectious disease agenda, learning from these initiatives and integrating efforts for outcome-based health systems in the public and private sectors. To this end, further work should be done to deepen our understanding of partnership mechanisms prior to Genoa.

9. encouraging and where appropriate, assisting **South-South cooperation** to address infectious diseases in various areas, inter alia human resources development and institution building, placement of experts, exchange of information and networking.

Financial Commitment by the G8

To achieve the targets endorsed by the G8, we will also seek the financial commitment from the G8 members, along with intensive efforts in the fight against infectious and parasitic diseases.

Japan: At the Kyushu-Okinawa G8 Summit, Japan announced the "Okinawa ID initiative (IDI)" for enhancing its assistance, with the target of allocating a total of US$ 3 billion over the next 5 years, for measures against infectious and parasitic diseases (such as HIV/AIDS, TB, malaria/parasitic diseases and polio), as well as those for the improvement of public health, the development of research networks, basic education, and the access to safe water. In the framework of the IDI, Japan has accelerated its actions in these areas in this fiscal year and more than US$ 300 million financial commitments and other various assistance have been decided and implemented as of today. To further strengthen the efforts to achieve the target, a new grant aid item on bilateral basis is under consideration in the FY2001 budget appropriation for being specifically allocated to infectious diseases as one of the priority areas. In addition, Japan decided to implement infectious disease control projects that amount to about US$ 10 million through the "Trust Fund for Human Security" established in the United Nations to strengthen its support to the national NGO activities.

France: France has been involved in fight against infectious diseases in developing countries for a long time, both in bilateral and multilateral cooperations.

Beside support to health systems, France currently spends 100 million French francs a year on HIV/AIDS and 50 million on malaria. We should increase our fight against AIDS, through programs that will support global approach, from information to access to ARV drugs, through the International Therapeutic Solidarity Fund, including prevention and care of opportunistic infections. Support to clinical and therapeutic research in developing countries will continue.

France is the most important multilateral contributor per capita income to the European development funding. The European Union (Commission and Member States) is the first sponsor worldwide of public development assistance including to health.

In the framework of the HIPC initiative, many developing countries should benefit from poverty reduction programs that will help them in supporting their health system and fighting against infectious diseases. France should contribute to this initiative up to 10 billion euros and will help developing countries through "debt reduction and development contracts."

United States of America: In Okinawa, the U.S. committed to increasing funding for HIV/AIDS, malaria, TB and other infectious diseases that disproportionately affect the developing world. The Fiscal Year 2001 international budget for Infectious Diseases and Child Survival is over

$1.2 billion. This reflects a near doubling of funding for international HIV/AIDS programs to $466 million (pending final Congressional action), through a multi-agency effort, including the U.S. Agency for International Development (USAID), Centers for Diseases Control and Prevention (CDC), the Department of Labor, and the Department of Defense. This funding emphasizes prevention, education, care of those affected by AIDS, including orphans, and infrastructure development. In addition, the U.S. has nearly tripled its tuberculosis funding to $60 million and doubled its malaria funding to $50 million. The U.S. also anticipates providing more than $120 million (TBD) to eradicate polio, and another $525 million for other child survival disease programs including $50 million for the Global Alliance on Vaccines and Immunizations (GAVI). On the research side – through the National Institutes of Health (NIH) – the U.S. is investing this year: more than $2.1 billion on AIDS research, including more than $260 million on the development of an AIDS vaccine; approximately $55 million on malaria research; and $86 million on TB research.

United Kingdom: In 1999-2000 UK spent $488 million on tackling the health problems of the poorest. $354 million was spent through DFID's bilateral programmes and $134 million centrally through multilateral agencies, including the World Bank, WHO, UNAIDS and UNFPA.

It is difficult to separate DFID spending according to different themes because the UK's approach is to develop long term, sustainable health systems. DFID spending on SWAPs and other health systems development initiatives contributes to the fight against the communicable diseases of the poor in a way which is difficult to measure. The following is an indicative breakdown of DFID spending for 1999-2000.

Total DFID Health Spend 1999/2000:	**$488 million**
Spending priorities include:	
Reproductive and Sexual Health	$84 million
Health Sector Reform/Health Care Management	$65 million
Health Care in Unstable Areas	$78 million
Environmental Health	$60 million
Communicable Disease	$131 million

In addition in the next 3 years DFID central health spending through multilateral and other channels will double, mostly due to an increased focus on communicable diseases.

Furthermore, the UK is prepared to consider additional resources for tackling infectious diseases, if the international community, and in particular the UN agencies, can demonstrate improved and better coordination at country level in support of national leadership to deliver this agenda.

The most significant increase in DFID health spending will be in response to the HIV/AIDS epidemic. In addition, the UK provides significant research and development funding into communicable disease through other developmental budgets that are not reflected here. Lastly the UK is a significant contributor to the EC European Development Fund.

Germany: Germany is committing its bilateral assistance based on country cooperation strategies agreed upon with cooperation partners annually or biannually. The volume of programs related to infectious diseases therefore highly depends on priorities set by individual countries. In the year 2000 projects which aim at strengthening the health service delivery in partner countries will reach a volume of around 250 Mio DM. This also includes Malaria and TB specific activities. AIDS related bilateral funding in developing countries increased from 35 Mio DM in 1999 to 102 Mio DM in 2000 and is expected to reach 140 Mio DM in 2001. In addition to that, Germany supports through its regular contributions the AIDS related programs of the EC and of multilateral organizations, including UNAIDS with 2,5 Mio DM in 2000 and contributions in the same order of magnitude for the coming year.

Italy: Italy is paying growing attention to health as an important outcome of development policies and programs. Italy privileges an integrated approach to health, rather than a disease oriented one. Resources are used according to partner country's plans and priorities and mainly follow a sector wide approach.

Resources allocated for the improvement of health for the present triennium (2000-2002) sum up to about US $ 400 millions. This includes approximately US $30 millions specifically directed to support health systems in the fight against infectious diseases. Additional, important, however non easily quantifiable resources for health are included in "Poverty reduction programmes" and other intersectoral initiatives, voluntary contributions to UN and other multilateral organization as well as in Humanitarian interventions and NGO promoted projects with substantial ODA contributions.

Canada: In September 2000, Canada's Minister for International Cooperation, Maria Minna, announced the Canadian International Development Agency's new Framework for Social Development Priorities, that includes Health and Nutrition and HIV/AIDS. Over the next five years, Canada will double its annual funding to health, nutrition, water and sanitation programs from CA$ 150 million to 305 million per year (total 5yr. CA$ 1,213 million) and quadruple funding to HIV/AIDS programs from CA$ 20 million to 80 million per year (total 5 yr. CA$ 270 million). As part of the Social Development Priorities, CIDA is working with partners on a grant this year for the Global TB Drug Fund to procure anti-TB drugs for needy countries.

Russia: In spite of a difficult economic situation the Russian Federation within the last years was able to pay its contributions liabilities to the WHO regular budget-the sum of more than US$ 120 million. In 1997, 1999 and 2000 the Russian Federation paid US$500,000 a year as voluntary contributions to UNAIDS budget.

The Russian Federation is ready to:

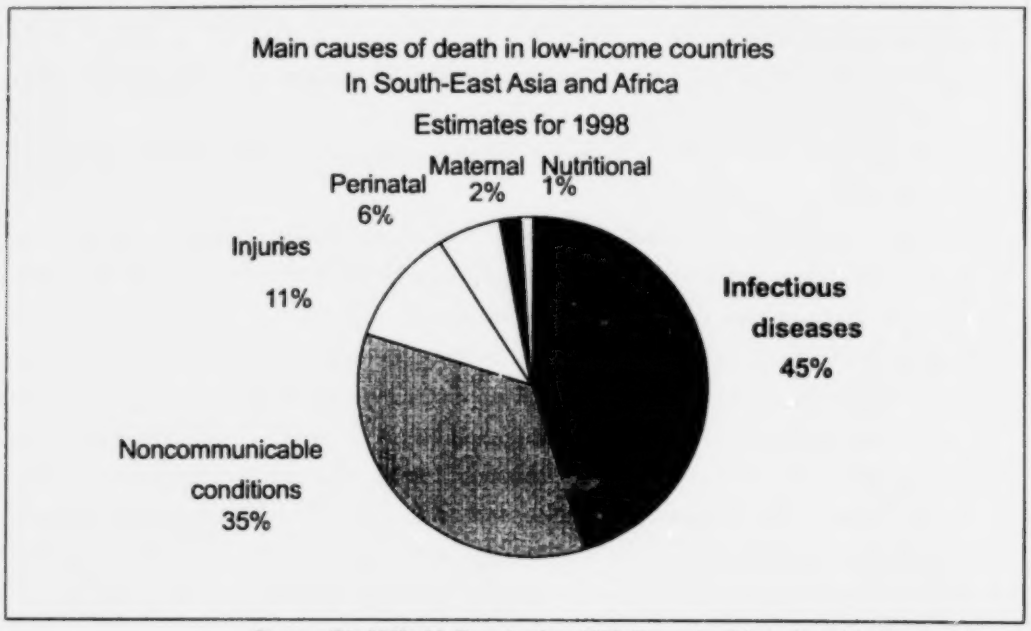
- provide material, technological and intellectual potential of research institutions and experts for solving global tasks of infectious diseases control,
- provide training of experts in malaria diagnostics, treatment and prevention for developing countries,
- supply (as part of its annual WHO and UNAIDS contribution) diagnostic test-systems, laboratory equipment, drugs (more than 20 high quality products) to developing countries at the cost 2-2.5 times lower than average world prices.

In order to accomplish the WHO strategic plan on global poliomyelitis eradication by the year of 2005, the Russian Federation may participate in vaccine shipment campaign, supplying various international organizations with Russian polio vaccine on a for-fee basis. The vaccine is manufactured at the Chumakov Research Institute of Poliomyelitis and Viral Encephalitis of the Russian Academy of Medical Sciences. In this connection, we could additionally increase production of live polio vaccine up to 30-40 million doses per year provided that the market for this project is ensured, and continue the vaccine supply until the total eradication of poliomyelitis and the termination of polio immunization process.

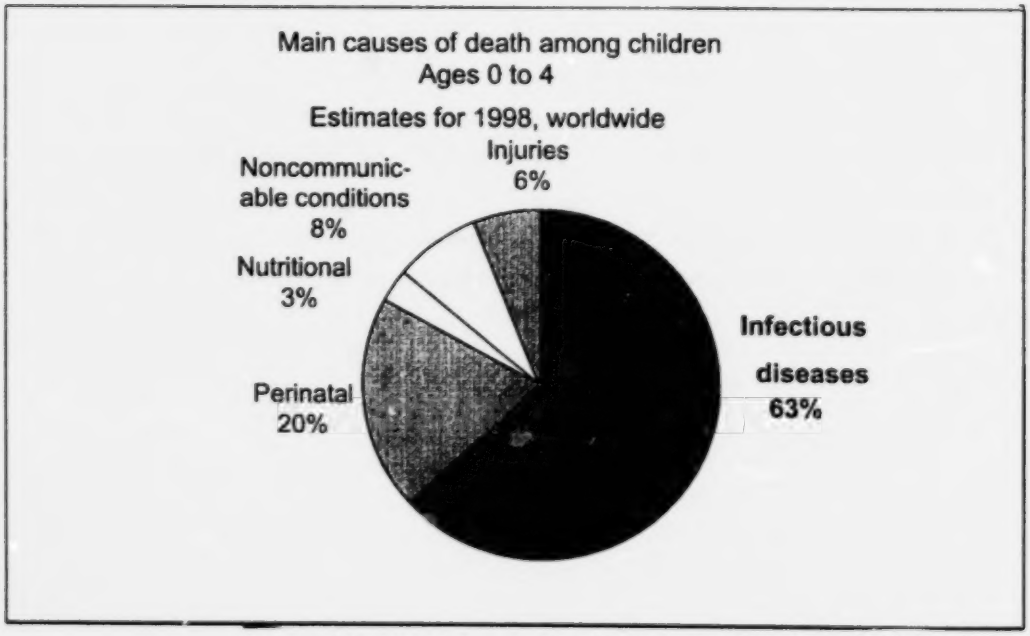
European Commission: The EC is committing an average of 500-700 million Euro per year on health, aids and population, and will continue to increase this commitment year after year. This amount comes in addition to the substantial effort of debt relief through the HIPC trust fund. The EC will also make specific efforts to accelerate spending in relation to action in favour of confronting the three main diseases. In addition, the EC is committed to enhancing technical assistance for the implementation of the WTO TRIPS agreement.

The forthcoming programming exercise in developing countries and regions will take the communicable disease problems more into account and our partnership arrangements will be strengthened and improved.

Spending related to the three diseases on Research and Development out of the 5th EC R&D Framework Programme should exceed 130 million Euro by the end of 2002.



Source: World Health Organization. 1999. Removing Obstacles to Healthy Development



Source: World Health Organization. 1999. Removing Obstacles to Healthy Development

HIV/AIDS

- 5.3 million people are newly infected with HIV in 2000.
- There are 36.1 million people living with HIV/AIDS as of the end of 2000.
- Total number of AIDS deaths since the beginning of the epidemic are 21.8 million.
- Total number of AIDS orphans since the beginning of the epidemic until the end of 1999 are 13.2 million.
- In 1997, public health spending on AIDS alone exceeded 2% of gross domestic product in 7 of 16 African countries where total health expenditure from public and private sources on all diseases accounts for 3-5 % of GDP.
- In 2000, 3.8 million people are newly infected by HIV and 2.4 million HIV/AIDS deaths occur during 2000 (80% of the global total) in Sub-Saharan Africa.
- The HIV prevalence rate among 15-49-year-olds has now reached or exceeded 10% in 16 of the world's countries, all of them located in Sub-Saharan Africa.
- There are an estimated 5.8 million adults and children living with HIV/AIDS in South-East Asia.
- China and India between them account for around 36% of the world's population. With such huge populations, even low HIV prevalence rates translate into huge numbers of infections. In India, where only 7 adults in 1000 are infected, 3.7 million people were living with HIV/AIDS at the beginning of 2000.
- In Thailand, one-third of rural families affected by AIDS experienced a halving of their agriculture output, threatening their food security.
- An estimated 1.8 million adults and children live with HIV in Latin America and the Caribbean. Initially infections were mainly among men who have unprotected sex with other men, and injecting drug users who share needles. However, now a sizable proportion is due to heterosexual transmission.
- In 1999, Eastern Europe and Central Asia have seen the sharpest increase in HIV infections. Most of the 700,000 people living with HIV/AIDS in these countries have been infected through injecting drug use.

TUBERCULOSIS

- Someone in the world is newly infected with TB every second.
- Overall, one-third of the world's population is infected with the TB bacillus.
- TB kills about 2 million people each year.
- Around 8 million people become sick with TB each year.
- Over 1.5 million TB cases per year occur in sub-Saharan Africa. This number is rising rapidly as a result of the HIV/AIDS epidemic.
- Nearly 3 million TB cases per year occur in South-East Asia.
- Over a quarter of a million TB cases per year occur in Eastern Europe.
- TB affects the most productive and economically active segment of the population.
- Studies estimate that lost work time and lost income from TB morbidity are 3-4 months and about 20% of annual household income.
- The potential cost of lost productivity due to TB is in order of 4% to 7% of GDP.
- Directly Observed Therapy, Short-Course (DOTS) can halve the current potential national economic loss from TB. It was estimated that every dollar invested in the DOTS program would lead to a $US 55 return to the country.

MALARIA

- Malaria kills at least 1 million people each year, about 3,000 a day.
- Nearly 500 million people suffer from acute malaria each year.
- 40 percent of the world is at risk of malaria but 9 out of 10 cases occur in Sub-Saharan Africa.
- Health system's failure, drug resistance, population movement, deteriorating sanitation, climatic changes and, in some cases unplanned development activities, are contributing to the spread of malaria.
- Malaria kills a child every 30 seconds, often in combination with other diseases.
- In endemic countries women are four times as likely to suffer malaria attacks -causing low-weight babies and stillbirth – during pregnancy than at any other time. Nearly 60 percent of miscarriages are due to malaria.
- Population movement, due to migration of wars, into malaria-endemic countries are causing major disease outbreaks.
- Malaria is a major killer of refugees in Africa.
- A malaria-stricken family spends an average of over one quarter of its income on malaria treatment, as well as paying prevention costs and suffering loss of income.
- Malaria-afflicted families on average can only harvest 40 percent of the crops harvested by healthy families.

INFECTIOUS DISEASES OF CHILDREN AND ADOLESCENTS (1)

- Children under five account for 30% of the total burden of disease in poor countries.[1] Nearly seventy percent of all deaths from communicable diseases occur in children under the age of fourteen.
- After decades of steady decline, infant and under-five mortality rates are once again rising in many African countries beyond the mortality rates directly attributable to HIV/AIDS. 10.5 million children under five died in 1999, 99% in developing countries. Thirty-six percent of these children died in Asia, and 33% in Africa.
- Children under five make up most of the over 1 million annual deaths from malaria. Pneumonia kills another 2 million children, diarrhoea 1.5 million and measles nearly 1 million. According to a recent World Bank study, these childhood communicable diseases are the largest contributors to the health gap between the poor and the rich.
- 1.4 million children are living with AIDS today. The number of children whose lives are directly and profoundly affected by HIV/AIDS is far greater than the number of children infected with HIV/AIDS.
- Adolescents are disproportionately affected by HIV/AIDS. According to existing global data, people under the age of 24 make up nearly half of those newly infected.
- Tuberculosis (TB) infection starts in young children and a significant proportion of new cases is in adolescents, especially in high prevalence HIV/AIDS environments.

[1] All estimates presented here were developed by WHO based on 1999 estimates.

INFECTIOUS DISEASES OF CHOLDFOOD AND ADLESCENT (2)

POLIO

- In 12 years since the Global Polio Eradication Initiative was launched, the number of cases has fallen by more than 95 per cent.
- Polio is now concentrated only in parts of sub-Saharan Africa and the Indian sub-continent.
- The global target is to certify the polio eradication by 2005.
- The strategies for the final battle to wipe out polio include:
  (1) High routine immunization coverage with OPV until global eradication is achieved
  (2) Supplementary immunization in the form of national immunization days
  (3) Effective surveillance for Acute Flaccid Paralysis and wild poliovirus
  (4) Door-to-door immunization (mopping up campaigns) to stop transmission
  (5) Vaccine production coordination.
- The accelerated efforts focus more on geographical priority areas. They include the countries and areas affected by conflict where eradication activities started relatively late, and those with large and dense populations and intense virus transmission. Conflict is one of the major risk factors for meeting the global target. It is also recognized that control measures should be reached remote areas.

INFECTIOUS DISEASES OF CHOLDFOOD AND ADLESCENT (3)

PARASITIC DISEASES

- Approximately 2 billion people are affected by worm infections world wide, with 300 million having associated morbidity.
- 120 million people in at least 80 countries of the world are infected with lymphatic filarial parasites, and it is estimated that 1 billion (20 per cent of the world's population) are at risk of acquiring infection.
- Schistosomiasis and soil-transmitted helminths represent more than 55 per cent of the disease burden due to tropical diseases, excluding malaria. Most morbidity is seen in children, ranging from malnutrition, anemia, growth retardation, and cognitive impairment.
- It is estimated that 400 million school-age children are infected with soil-transmitted helminths and in Africa alone 40 million with schistosomiasis.
- Four strategies in fight against parasitic diseases were identified in the recommendation to the Birmingham Summit (Hashimoto Initiative). Those strategies include:
  (1) Effectively coordinated international efforts for parasite control interventions
  (2) Active pursuit of research that provides a scientific basis for parasite control
  (3) Active implementation of effective parasite control projects
  (4) Strengthened capabilities among the G8 for parasitic control.

Okinawa International Conference on Infectious Diseases

List of Participants

1) G8 & EU

Japan, France, US, UK, Germany, Italy, Canada, Russia, EU

2) non-G8 Countries

Brazil, India, Indonesia, Kenya, Nigeria, Philippines, Senegal, Thailand, Uganda, Zambia

3) International Organizations

UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, WB, WHO

4) NGO & others

AIDES, ICASO (APCASO), MSF, IPPF, JATA, Oxfam, SCF, IFRC, IAVI,Global Fund for Children Vaccine, Christian Children's Fund
Thandanani (South Africa), WOFAK (Kenya), VHAI (India), Act Malaria(Thailand)
Global Business Council on HIV/AIDS, IFPMA, Merck & Co, Merck Sharp & Dohme, Glaxo Welcome plc, Smithkline Beecham Pharmaceuticals
JICA, Place Tokyo, JVC, SHARE, AIDS & Society Association, OISCA, HIV Network Okinawa, JOICFP, Japan's Network for Women and Health
JPMA, Pfizer Pharmaceuticals Inc., The Nippon Foundation
Japanese Experts

United Nations A/55/706

General Assembly

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20 December 2000

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Fifty-fifth session
Agenda items 116 and 120

Review of the efficiency of the administrative and financial functioning of the United Nations

Administrative and budgetary coordination of the United Nations with the specialized agencies and the International Atomic Energy Agency

Report of the Fifth Committee

Rapporteur: Mr. Eduardo Manuel da Fonseca Fernandes **Ramos** (Portugal)

I. Introduction

1. At its 9th plenary meeting, on 11 September 2000, the General Assembly, on the recommendation of the General Committee, decided to include in the agenda of its fifty-fifth session the items entitled "Review of the efficiency of the administrative and financial functioning of the United Nations" and "Administrative and budgetary coordination of the United Nations with the specialized agencies and the International Atomic Energy Agency" and to allocate them to the Fifth Committee.

2. The Fifth Committee considered the items at its 41st meeting, on 18 December 2000. Comments and observations made in the course of the Committee's consideration of the items are reflected in the relevant summary record (A/C.5/55/SR.41).

3. For its consideration of the items, the Committee had before it the report of the Advisory Committee on Administrative and Budgetary Questions on the activities of the Advisory Committee during the fifty-fourth session of the General Assembly (A/55/7).[1]

[1] To be issued in final form as *Official Records of the General Assembly, Fifty-fifth Session, Supplement No. 7* (A/55/7).

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II. Consideration of draft decision A/C.5/55/L.23

4. At its 41st meeting, on 18 December, the Chairman of the Committee introduced a draft decision entitled "Administrative and budgetary coordination of the United Nations with the specialized agencies and the International Atomic Energy Agency" (A/C.5/55/L.23).

5. At the same meeting, the Committee adopted draft decision A/C.5/55/L.23 without a vote (see para. 6).

III. Recommendation of the Fifth Committee

6. The Fifth Committee recommends to the General Assembly the adoption of the following draft decision:

Administrative and budgetary coordination of the United Nations with the specialized agencies and the International Atomic Energy Agency

The Fifth Committee decides to recommend to the General Assembly that it take note with appreciation of the report of the Advisory Committee on Administrative and Budgetary Questions on the activities of the Advisory Committee during the fifty-fourth session of the General Assembly[1] and requests the Secretary-General to bring the report to the attention of the executive heads of the specialized agencies and the funds and programmes concerned.

United Nations A/55/707–S/2000/1223

General Assembly
Security Council

Distr.: General
21 December 2000
English
Original: Arabic

General Assembly
Fifty-fifth session
Agenda item 40
The situation in the Middle East

Security Council
Fifty-fifth year

Letter dated 20 December 2000 from the Permanent Representative of Lebanon to the United Nations addressed to the Secretary-General

On instructions from my Government, and further to my earlier letters, I have the honour to inform you below of the series of violations of Lebanese sovereignty perpetrated by Israel by land, air and sea during the period from 1 to 11 December 2000.

1 December 2000

At 0200 hours Israeli forces at their position on Tallat Sammaqah fired a number of 120-mm mortar shells and directed several bursts of medium-weapons fire at Mazra`at Bastarah and the outlying areas of their aforementioned position. Between 0710 and 0730 hours four explosions were heard inside the occupied Shab`a farmlands.

At 1000 hours a landmine left by the Israeli aggression in the area between the villages of Hunin and Markaba exploded, severing the left leg of 19-year-old Abbas Aly Faqih, who was herding livestock.

At 1130 hours, while a group of journalists was approaching Bawwabat Hassan, an outlying area of Kafr Shuba, Israeli forces at their position on Tallat Sammaqah inside the occupied Shab`a farmlands directed several bursts of light-weapons fire at the group. No one was hurt.

Between 1615 and 1625 hours Israeli forces at their positions inside the occupied Shab`a farmlands fired four 120-mm mortar shells and directed a number of bursts of fire towards the areas surrounding their position on Tallat Sammaqah.

2 December 2000

At 1130 hours three persons were wounded by an exploding landmine in Dibbin, Marj Uyun province, at a position that had been previously occupied by elements of the Lahad militia. At 0830 hours a further landmine, left by the Israeli

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aggression, wounded Usam Muslimany at the Tall Bra'shit encampment, a former position of the Israeli enemy forces.

Between 1810 and 1830 hours Israeli helicopters overflew the Shab'a farmlands before leaving in the direction of the occupied territories.

3 December 2000

At 0630 hours Israeli forces at their position on Ruwasit Sammaqah inside the occupied Shab'a farmlands directed several bursts of medium-weapons fire at the outlying areas of their aforementioned position.

Between 0710 and 0925 hours an Israeli reconnaissance aircraft overflew the Shab'a farmlands at very high altitude.

At 1215 hours one of the soldiers at the Abbad position directed bursts of fire from a light assault weapon into the air towards several citizens on the Lebanese border.

At 1330 hours a herd of livestock belonging to Aly Safa triggered a landmine left by the Israeli aggression on the outskirts of Arnun. Five goats were killed, but no one was injured.

At 1315 hours the Israeli enemy forces at the Abbad position directed bursts of fire into the air over the heads of some 20 persons who had gathered on the Lebanese border.

At 1615 hours Israeli forces at their position on Ruwasit Sammaqah inside the occupied Shab'a farmlands directed several bursts of medium-weapons fire at the outlying areas of their aforementioned position.

Between 1755 and 2000 hours Israeli helicopters were heard overflying the Shab'a farmlands.

Between 1955 and 2025 hours, within the Israeli territorial waters off the coast of Ra's Naqurah, an Israeli military launch fired six light flares and directed several bursts of medium-weapons fire over the sea within the aforementioned waters.

4 December 2000

At 0530 hours Israeli forces at their position at Sammaqah inside the occupied Shab'a farmlands directed several bursts of medium-weapons fire at the outlying areas of their aforementioned position.

At 1300 hours a number of Israeli labourers breached the barbed-wire fence at Sahl Khiyam on the international border opposite the settlement of Matallah, going one metre inside Lebanese territory in order to work on a soakaway under the fence, using a cement-mixer. The operation was carried out under the guard of an Israeli patrol. They all left at 1400 hours.

At 1300 hours Israeli military aircraft carried out mock attacks over Jabal al-Rayhan. At 1310 hours these aircraft overflew the Jba' region at low altitudes. They withdrew at 1730 hours.

At 1310 hours Israeli military aircraft overflew the Marj Uyun region at high altitudes.

At 1650 hours Israeli forces raked the outlying areas of their position at Ruwaysat al-Ilm in the occupied Shab'a farmlands with medium-weapons fire.

At 2120 hours enemy aircraft overflew the Bint Jubayl region at high altitudes.

Between 2230 and 2240 hours Israeli military aircraft overflew the sea opposite the coast at Tyre at very high altitudes.

At 2310 hours an Israeli military launch at sea opposite Ra's al-Naqurah outside Lebanese territorial waters fired four light flares over the sea.

5 December 2000

At intervals between 1035 and 1235 hours Israeli military aircraft overflew the regions of Nabatiyah, Marj Uyun, Hasbayya and Iqlim al-Tuffah at very high altitudes.

At 1650 hours Israeli forces located opposite the area on the Lebanese border outside the village of Ayta al-Sha'b directed bursts of light-weapons fire at Habib Kamil Surur, who was hunting birds, and hit him in the right leg.

6 December 2000

Between 0430 and 0440 hours Israeli forces raked the outlying areas of their position at Tallat Sammaqah in the occupied Shab'a farmlands with medium-weapons fire.

At 0900 hours, on the borders of Lebanon and occupied Palestine, close to the village of Ramiyah-Marwahin, an Israeli military force of some 70 elements supported by a tank and three Hammer-type vehicles was deployed.

At intervals between 1005 and 1140 hours Israeli military aircraft overflew the southern region at very high altitudes. An Israeli reconnaissance aircraft also overflew the Hasbayya area at the same altitude.

Between 1400 and 1430 hours Israeli forces raked the boundaries of the occupied Shab'a farmlands opposite the Majdiyyah area with medium-weapons fire. An Israeli helicopter also overflew the farmlands.

At 1500 hours the Israeli forces began to dig a trench for the storage of rainwater at Thaghry in Udaysah, Marj Uyun province, alongside the occupied Palestine side of the border strip. The trench was 70 centimetres deep, 50 centimetres wide and 600 metres long.

Between 1630 and 1640 hours Israeli forces raked the outlying areas of their position at Ruwaysat al-Ilm in the occupied Shab'a farmlands with medium-weapons fire.

At 1815 hours bursts of heavy- and light-weapons fire were heard to the south of Tallat Sardanah and Naqqar in the occupied Shab'a farmlands. At 1900 hours artillery shells and bursts of fire directed towards the outlying areas of liberated Kafr Shuba were heard originating from occupied Ruwaysat al-Sammaqah and Ruwaysat al-Ilm. The bombardment and firing stopped at 1915 hours.

7 December 2000

On the night of 6 December 2000 the Israeli forces dug a trench 1,600 metres long along the barbed-wire fence in the Udaysah area.

Between 0940 and 1030 hours an Israeli reconnaissance aircraft overflew the Tyre region at very high altitude.

At 1015 hours a number of bursts of gunfire were heard on the Lebanese-Israeli border close to Rumaysh.

Between 1345 and 1430 hours an Israeli reconnaissance aircraft overflew the Sidon and Jazzin regions at very high altitude.

Between 1945 and 2010 hours Israeli patrols were heard overflying the occupied Shab`a farmlands.

9 December 2000

Between 1300 and 1315 hours Israeli forces directed several bursts of medium-weapons fire at the outlying areas of their position at Tallat Ramta in the occupied Shab`a farmlands.

Between 1400 and 1430 hours Israeli forces at their positions at Tallat Ruwaysat al-Ilm and Sammaqah inside the occupied Shab`a farmlands fired several 120-mm mortar shells and directed a number of bursts of medium-weapons fire towards the areas surrounding the two aforementioned positions.

11 December 2000

Between 1135 and 1145 hours Israeli military aircraft overflew the Lebanese territorial waters opposite Tyre at very high altitudes.

At 1400 hours at Mazra`at Bastara inside the occupied Shab`a farmlands an Israeli patrol directed a number of bursts of medium-weapons fire at a herd of goats belonging to Muhammad Abdullah Zuhrah. Mr. Zuhrah was wounded by gravel in his right leg and several of his goats were killed.

At 1500 hours the enemy Israeli forces raked the outlying areas of their position at Mazra`at Fashkul inside the occupied Shab`a farmlands with medium-weapons fire.

Like previous attacks, this new series of Israeli violations constitutes a flagrant breach of Security Council resolution 425 (1978) and a violation of Lebanese sovereignty, and threatens stability in the region.

I should be grateful if you would have this letter circulated as a document of the fifty-fifth session of the General Assembly under agenda item 40, and of the Security Council

(*Signed*) Selim **Tadmoury**
Ambassador
Permanent Representative

United Nations A/55/708

General Assembly

Distr.: General
21 December 2000

Original: English

Fifty-fifth session
Agenda items 107 and 117

Programme budget for the biennium 2000-2001

Advancement of women

Programme budget implications of draft resolution VI recommended by the Third Committee in its report (A/55/595, para. 35)

Report of the Fifth Committee

Rapporteur: Mr. Eduardo Manuel da Fonseca Fernandes **Ramos** (Portugal)

I. Introduction

1. At its 39th, 40th and 42nd meetings, on 14, 15 and 21 December 2000, the Fifth Committee, pursuant to rule 153 of the rules of procedure of the General Assembly, considered the statement by the Secretary-General (A/C.5/55/26) on the programme budget implications of draft resolution VI, recommended by the Third Committee in paragraph 35 of its report (A/55/595) under agenda item 107, and the related report of the Advisory Committee on Administrative and Budgetary Questions (A/55/677). The draft decision submitted by the Chairman following informal consultations was before the Committee in document A/C.5/55/L.27.

2. Statements and comments made in the course of the Committee's consideration of the question are reflected in the relevant summary records (A/C.5/55/SR.39, 40 and 42).

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II. Recommendation of the Fifth Committee

3. The Fifth Committee:

(a) Decided to inform the General Assembly that the adoption of draft resolution A/C.3/55/L.16/Rev.1 would give rise to additional requirements up to $800,000 under section 9, Economic and social affairs, of the programme budget for the biennium 2000-2001,[1] on the understanding that the provision of regular budget funds to the Institute would constitute a one-time exception to the provisions of article VI, paragraph 1, of the Statute[2] of the Institute;

(b) Also decided, in this connection, to advance the Institute up to $800,000 for the year 2001 pending receipt of voluntary contributions on a one-time, exceptional and emergency basis;

(c) Further decided that, if voluntary contributions were insufficient to meet the Institute's requirements for 2001, that advance, less voluntary contributions received, would be considered a one-time-only subvention, and that the resources utilized under the terms of that subvention would be reported in the context of the second performance report on the programme budget for the biennium 2000-2001;

(d) Emphasized the need for the Institute, as a voluntarily financed programme of the United Nations, to pursue, as a priority activity, the expansion of its donor base, in accordance with the provisions of article VI, paragraph 1, of its own Statute.

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[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 6* (A/54/16/Rev.1), vol. II.

[2] A/39/511, annex.

United Nations A/55/709

General Assembly

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21 December 2000

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Fifty-fifth session
Agenda item 124

United Nations common system

Report of the Fifth Committee

Rapporteur: Mr. Eduardo Manuel da Fonseca Fernandes **Ramos** (Portugal)

I. Introduction

1. At its 9th plenary meeting, on 11 September 2000, the General Assembly, on the recommendation of the General Committee, decided to include in the agenda of its fifty-fifth session the item entitled "United Nations common system" and to allocate it to the Fifth Committee.

2. The Fifth Committee considered the item at its 26th to 29th and 42nd meetings, on 10, 13, 16 and 17 November and 21 December 2000. Statements and observations made in the course of the Committee's consideration of the item are reflected in the relevant summary records (A/C.5/55/SR.26-29 and 42).

3. For its consideration of the item, the Committee had before it the following documents:

(a) Report of the International Civil Service Commission for the year 2000;[1]

(b) Note by the Secretary-General on the review of the International Civil Service Commission (A/54/483);

(c) Report of the Secretary-General on strengthening the international civil service (A/55/526);

(d) Statement submitted by the Secretary-General, in accordance with rule 153 of the rules of procedure of the General Assembly, on the administrative and financial implications of the decisions and recommendations contained in the report of the International Civil Service Commission for the year 2000 (A/55/629).

[1] *Official Records of the General Assembly, Fifty-fifth Session, Supplement No. 30* (A/55/30).

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4. At the 26th meeting, on 10 November, the Chairman of the International Civil Service Commission introduced the annual report of the Commission (see A/C.5/55/SR.26).

II. Consideration of draft resolution A/C.5/55/L.17

5. At the 42nd meeting, on 21 December 2000, the representative of Côte d'Ivoire and coordinator of the informal consultations on the item, introduced, on behalf of the Chairman, a draft resolution entitled "United Nations common system: report of the International Civil Service Commission" (A/C.5/55/L.17).

6. At the same meeting, the Committee adopted draft resolution A/C.5/55/L.17 without a vote (see para. 7).

III. Recommendation of the Fifth Committee

7. The Fifth Committee recommends to the General Assembly the adoption of the following draft resolution:

United Nations common system: report of the International Civil Service Commission

The General Assembly,

Having considered the report of the International Civil Service Commission for the year 2000[2] and the related report of the Advisory Committee on Administrative and Budgetary Questions,[3]

Reaffirming its commitment to a single unified United Nations common system as the cornerstone for the regulation and coordination of the conditions of service of the United Nations common system,

Convinced that the common system constitutes the best instrument to secure staff of the highest standards of efficiency, competence and integrity for the international civil service, as stipulated under the Charter of the United Nations,

Reaffirming the central role of the Commission in the regulation and coordination of the conditions of service of the United Nations common system,

Reaffirming also the statute of the Commission,

I. Conditions of service applicable to both categories of staff

A

Framework for human resources management

Recalling its resolutions 51/216 of 18 December 1996, 52/216 of 22 December 1997, 53/209 of 18 December 1998 and 54/238 of 23 December 1999,

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[2] *Official Records of the General Assembly, Fifty-fifth Session, Supplement No. 30* (A/55/30).
[3] A/55/629.

1. *Welcomes with appreciation* the work of the Commission with regard to the integrated framework for human resources management, which would assist organizations of the common system to carry forward human resources management reforms;

2. *Endorses* the conclusions of the Commission as contained in paragraph 19 of its report;[2]

3. *Requests* the Commission to use the integrated framework for human resources management as a guide to its future work programme as contained in paragraph 18 of its report;[2]

4. *Encourages* the organizations of the common system to use the framework for human resources management as a basis for their future work in human resources policies and procedures and to bring it to the attention of their governing bodies;

B

Standards of conduct for the international civil service

Recalling its resolutions 52/252 of 8 September 1998 and 54/238,

Takes note of the decisions of the Commission contained in paragraph 31 of its report,[2] urges organizations to reach consensus on draft standards of conduct in sufficient time so as to enable the Commission to finalize the text to be submitted to the General Assembly at its fifty-sixth session, and emphasizes that the proposed standards should ensure that the staff uphold the principles of integrity, impartiality and independence;

C

Review of pay and benefits system

Recalling its resolutions 51/216, 52/216 and 53/209,

1. *Takes note* of the work of the Commission in respect of the review of the pay and benefits system in the context of the integrated framework for human resources management;

2. *Takes note also* of the decision of the Commission to move forward with the review of the pay and benefits system in accordance with the modalities described in annex III to its report;[2]

D

Recognition of language knowledge

Recalling section II.E of its resolution 48/224 of 23 December 1993 and section II.B of its resolution 53/209,

Takes note of the decision of the Commission to address the issue of recognition of language knowledge within the context of the comprehensive review of the pay and benefits system;

E

Education grant

Recalling section III.C of its resolution 54/238, by which it requested the Commission to complete the review of the methodology for the education grant and report the results to the General Assembly at its fifty-fifth session,

1. *Takes note* of the decisions and recommendations of the Commission in respect of the review of the methodology for the education grant as contained in paragraph 81 of its report;[2]

2. *Urges* the organizations of the common system to harmonize their rules and regulations to ensure that the education grant be treated as a benefit payable to internationally recruited staff with expatriate status only;

3. *Approves* increases in the maximum reimbursement levels in five currency areas, as well as other adjustments to the management of expenses under the education grant, as contained in paragraph 93 of its report;[2]

4. *Takes note* of the decisions of the Commission as contained in paragraphs 94 and 95 of its report;[2]

F

Common scale of staff assessment

Recalling its resolutions 48/225 of 23 December 1993 and 51/216,

Takes note of the decisions of the Commission as contained in paragraph 102 of its report;[2]

II. Conditions of service of staff in the Professional and higher categories

A

Noblemaire principle and its application

Recalling its resolution 44/198 of 21 December 1989 and other relevant resolutions,

1. *Reaffirms* the continued application of the Noblemaire principle;

2. *Also reaffirms* the need to continue to ensure the competitiveness of the conditions of service of the United Nations common system;

B

Grade equivalencies between the United States federal civil service and the United Nations common system

Recalling section I.A of its resolution 50/208 of 23 December 1995,

1. *Takes note* of the updated grade equivalency study undertaken by the Commission with the United States federal civil service;

2. *Takes note also* of the decisions of the Commission in respect of the grade equivalency study with the comparator civil service as contained in paragraph 149 of its report;[2]

C

Evolution of the margin

Recalling section I.B of its resolution 52/216 and the standing mandate from the General Assembly, in which the Commission is requested to continue its review of the relationship between the net remuneration of the United Nations staff in the Professional and higher categories in New York and that of the comparator civil service (the United States federal civil service) employees in comparable positions in Washington, D.C. (referred to as "the margin"),

Recalling also section IX, paragraph 3, of its resolution 46/191 A of 20 December 1991, in which it requested the Commission to include in its work a review of the differences between the United Nations and the United States net remuneration at individual grade levels,

1. *Notes* that the margin between the net remuneration of United Nations staff in grades P-1 to D-2 in New York and that of officials in comparable positions in the United States federal civil service for 2000 is 113.3 based on the results of the grade equivalency study between the United Nations and the United States carried out in 2000;

2. *Also notes* from annex V to the report of the Commission that the United Nations/United States remuneration ratios range from 119.9 at the P-2 level to 105.5 at the D-2 level, and considers that this imbalance should be addressed in the context of the overall margin considerations established by the General Assembly;

D

Base/floor salary scale

Recalling section I.H of its resolution 44/198, by which it established a floor net salary level for staff in the Professional and higher categories by reference to the corresponding base net salary levels of officials in comparable positions serving at the base city of the comparator civil service (the United States federal civil service),

1. *Approves*, with effect from 1 March 2001, the revised base scale of gross and net salaries for staff in the Professional and higher categories, contained in the annex to the present resolution;

2. *Requests* the Commission, in the context of the review of the pay and benefits system, to review the firm linkage between the base/floor salary scale and the mobility and hardship allowance;

E

Dependency allowances

Recalling section II.F, paragraph 2, of its resolution 47/216 of 23 December 1992, in which it noted that the Commission would review the level of dependency allowances every two years,

Recalling also section I.F, paragraph 4, of its resolution 53/209, in which it requested the Commission to examine the methodology, rationale and scope of the allowances,

Noting that the Commission's review of dependency allowances, reflected relevant changes in tax abatement and social legislation at the seven headquarters duty stations since 1998,

1. *Takes note* of the decision of the Commission with regard to the methodology, rationale and scope of the allowances;

2. *Approves*, with effect from 1 January 2001, an increase of 11.89 per cent in the children's allowance, including that for disabled children, and in the secondary dependant's allowance;

3. *Takes note* of the updated list of hard-currency duty stations for which the allowances are specified in local currency, as contained in annex VIII to its report;[2]

4. *Notes* that dependency allowances payable to eligible common system staff should be reduced by the amount of any direct payments received from a Government in respect of dependants;

F

Post adjustment matters

Recalling its request in section II.G of its resolution 48/224 regarding the conduct of place-to-place surveys at headquarters duty stations,

1. *Welcomes* the review of the operation of the post adjustment system carried out by the Commission;

2. *Takes note* of the decisions reached by the Commission as contained in paragraph 157 of its report;[2]

III. Conditions of service of the General Service and other locally recruited categories

A

Survey of best prevailing conditions of employment in New York and Montreal

Recalling section II.A of its resolution 52/216, in which it reaffirmed that the Flemming principle should continue to serve as the basis for determining the conditions of service of the General Service and related categories and endorsed the revised methodology for surveys of best prevailing conditions of employment for these categories,

Takes note of the results of the salary surveys conducted in New York and Montreal, as reported in chapter V of the report of the Commission;[2]

B

Review of the headquarters salary survey methodology: decisions of the International Labour Organization Administrative Tribunal regarding the phasing out of the language factor in Rome and Vienna

Recalling section III, paragraph 2 of its resolution 47/216 and section II.E of its resolution 48/224,

Takes note of the decision of the Commission with regard to the treatment of the language factor, as contained in paragraph 192 of its report;[2]

IV. Strengthening the international civil service

Decides to defer consideration of the reports of the Secretary-General[4] with a view to taking a decision on strengthening the international civil service at the first part of its resumed fifty-fifth session.

[4] A/55/526 and A/54/483.

Annex

Salary scale for staff in the Professional and higher categories showing annual gross salaries and net equivalents after application of staff assessment[a]

(United States dollars)

Effective 1 March 2001

Level	*I*	*II*	*III*	*IV*	*V*	*VI*	*VII*	*VIII*	*IX*	*X*	*XI*	*XII*	*XIII*	*XIV*	*XV*
Under-Secretary-General															
USG gross	167 035														
Net D	113 762														
Net S	102 379														
Assistant Secretary-General															
ASG gross	151 840														
Net D	104 341														
Net S	94 484														
Director															
D-2 gross	124 384	127 132	129 877	132 623	135 369	138 115									
Net D	87 318	89 022	90 724	92 426	94 129	95 831									
Net S	80 218	81 645	83 072	84 498	85 925	87 352									
Principal Officer															
D-1 gross	109 894	112 245	114 598	116 944	119 297	121 648	124 002	126 352	128 702						
Net D	78 334	79 792	81 251	82 705	84 164	85 622	87 081	88 538	89 995						
Net S	72 407	73 687	74 967	76 245	77 525	78 796	80 018	81 240	82 460						
Senior Officer															
P-5 gross	96 705	98 832	100 961	103 089	105 216	107 342	109 471	111 598	113 724	115 853	117 982	120 106	122 234		
Net D	70 157	71 476	72 796	74 115	75 434	76 752	78 072	79 391	80 709	82 029	83 349	84 666	85 985		
Net S	65 176	66 385	67 545	68 703	69 862	71 018	72 177	73 335	74 493	75 651	76 809	77 966	79 101		
First Officer															
P-4 gross	79 780	81 733	83 680	85 627	87 579	89 527	91 571	93 645	95 723	97 795	99 869	101 947	104 019	106 095	108 171
Net D	59 255	60 544	61 829	63 114	64 402	65 688	66 974	68 260	69 548	70 833	72 119	73 407	74 692	75 979	77 266
Net S	55 180	56 364	57 543	58 722	59 902	61 080	62 259	63 439	64 617	65 796	66 949	68 082	69 210	70 340	71 470
Second Officer															
P-3 gross	65 388	67 220	69 053	70 880	72 714	74 544	76 373	78 206	80 038	81 868	83 700	85 529	87 361	89 191	91 089
Net D	49 756	50 965	52 175	53 381	54 591	55 799	57 006	58 216	59 425	60 633	61 842	63 049	64 258	65 466	66 675
Net S	46 445	47 556	48 669	49 780	50 892	52 002	53 113	54 225	55 335	56 447	57 555	58 663	59 770	60 877	61 985
Associate Officer															
P-2 gross	53 129	54 632	56 132	57 633	59 135	60 692	62 332	63 967	65 606	67 244	68 879	70 520			
Net D	41 253	42 335	43 415	44 496	45 577	46 657	47 739	48 818	49 900	50 981	52 060	53 143			
Net S	38 694	39 675	40 653	41 633	42 611	43 592	44 587	45 580	46 577	47 571	48 564	49 561			
Assistant Officer															
P-1 gross	41 189	42 633	44 075	45 519	46 960	48 403	49 847	51 290	52 731	54 174					
Net D	32 656	33 696	34 734	35 774	36 811	37 850	38 890	39 929	40 966	42 005					
Net S	30 805	31 763	32 720	33 677	34 633	35 590	36 548	37 493	38 434	39 375					

D = Rate applicable to staff members with a dependent spouse or child.

S = Rate applicable to staff members with no dependent spouse or child.

[a] This scale will be implemented in conjunction with a consolidation of 5.1 per cent of post adjustment. There will be consequential adjustments in post adjustment indices and multipliers at all duty stations effective 1 March 2001. Thereafter, changes in post adjustment classifications will be implemented on the basis of the movements of the consolidated post adjustment indices.